



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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**Annual Report: No filing fee if received by the due date.**

Due no later than: 09/22/2022

**SOS Control Number:** 174187

**Filing Status:** Active-Existing

**Submission Method:** SUREFILE

**Limited Liability Company (D)**

**Date Formed:** 09/08/2006

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

NANDA, LLC  
DALE  
11103 N FRIAR DR.  
HAYDEN, ID 83835-8502

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

G DALE SCARLETT  
11103 FRIAR DRIVE  
HAYDEN, ID 83835

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	G DALE SCARLETT	11103 FRIAR DR.	HAYDEN ID 83835
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAT WOODS	4999 MC KENZIE RD.	OTIS ORCHARDS WA 99027
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(5) Signature: *G. Dale Scarlett*

(6) Date: 8-18-2022

(7) Type/Print Name: G. DALE SCARLETT

(8) Title: MANAGER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

Received by ID Secretary of State Lawrence Denney 12:12 PM 8/22/2022